

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

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Please type or print in ink.

11 APR -6 PM 2:00

NAME OF FILER (LAST) (FIRST) (MIDDLE)

TARVER

Tim

1. Office, Agency, or Court

Agency Name

CITY OF ARVIN

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

MAYOR

► If filing for multiple positions, list below or on an attachment.

Agency:

SEE ATTACHMENT

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of

CITY OF ARVIN

☐ Other

3. Term of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year ____

Office sought, if different than Part 1: ____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☒ None - No reportable interests on any schedule

I have read the instructions and the questions in this statement and in any attached schedules. I have reviewed the information herein and in any attached schedules and I certify that the information is true and complete. I acknowledge this is true and I certify under penalty of perjury under the laws of the State of California that the information is true and complete.

Date Signed

4-1-11

(month, day, year)

Signature

Clear Cover Page

Print Form

specify pages to print

FPPC Form 700 (2010/2011)
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

Name: Jim Tarea
Type of Statement
(check one)

___ Assuming Office/Initial Date: ___/___/___

☒ Annual:(check one)

___ The period covered is January 1, 2010 through December 31, 2010.
-or-

___ The period is ___/___/___, through December 31, ___.

___ Leaving Office Date Left: ___/___/___
(Check one)

___ The period covers is January 1, ___ through the date of leaving office.
-or-

___ The period covered is ___/___/___ through the date of leaving office.

Additional Agencies/Positions:
(Check all the apply)

☒ Arvin Community Redevelopment Agency
___ Chairperson ___ Member ☒ Other: ___

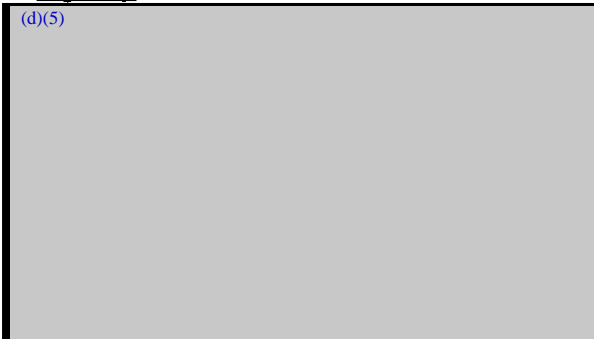
☒ Arvin Public Financing Authority
___ Chairperson ☒ Member ___ Other: ___

☒ Arvin Housing Authority
___ Chairperson ☒ Member ___ Other: ___

☒ Kern Council of Governments
☒ Board member ___ Alternate Board Member ___ Other: ___

Agency

(d)(5)



Position

Date

4-1-11